

**SEAFORD SCHOOL DISTRICT**  
**SCHOOL BOARD MEMBER ELECTION - TUESDAY, MAY 12, 2009**  
**AFFIDAVIT FOR ABSENTEE BALLOT FOR PUBLIC SCHOOL ELECTIONS**

**PERSONAL INFORMATION**

(Print or Type)

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Apt. Complex  
Or Development: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

If you want your ballot mailed to an address other than the one listed above, complete the following:

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

★★★★★

**FOR DEPARTMENT OF ELECTIONS USE ONLY**

NOMINATING/VOTING DISTRICT: \_\_\_\_\_

AFFIDAVIT REQUESTED: \_\_\_\_\_

AFFIDAVIT MAILED: \_\_\_\_\_

AFFIDAVIT RETURNED: \_\_\_\_\_

BALLOT MAILED: \_\_\_\_\_

VOTED IN PERSON: \_\_\_\_\_

BALLOT RETURNED: \_\_\_\_\_

VOUCHER #: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT OF VOTER ELIGIBILITY**

I, \_\_\_\_\_  
(Print or Type Your Name)

**DO SOLEMNLY SWEAR (OR AFFIRM) THAT:**

1. I am a citizen of the United States,
2. I am a resident and citizen of the State of Delaware,
3. I am 18 years old or older,
4. I reside within the geographical boundaries of the school district, and
5. I will not vote or attempt to vote at any school district polling place on the day of the election.

I further solemnly swear (or affirm) that I am unable to go to a school district polling place on the day of the election because:

(Check the applicable box below)

- ☐ A. I am temporarily or permanently physically disabled.
- ☐ B. I am in the public service of the U.S. or the State of Delaware.
- ☐ C. I am a qualified citizen or spouse of dependent residing with or accompanying a person who is in the service of the U.S. or the State of Delaware.
- ☐ D. Of the nature of my business or occupation
- ☐ E. I am sick.
- ☐ F. I am incarcerated
- ☐ G. Of the tenets or teachings of my religion
- ☐ H. I am absent from the district while on vacation.
- ☐ I. I am temporarily residing outside of the U.S. and the District of Columbia.
- ☐ J. Of illness or injury received while serving in the Armed Forces of the U.S.
- ☐ K. I am a member of the U.S. Armed Forces.
- ☐ L. I am a member of the American Red Cross or U.S.O
- ☐ M. I am a member of the U.S. Merchant Marine

I DO SOLEMNLY SWEAR (OR AFFIRM) UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE.

\_\_\_\_\_  
Signature of Voter

\_\_\_\_\_  
Date

**DEADLINE FOR MAILING OUT ABSENTEE BALLOTS: FRIDAY, MAY 8, 2009**  
**MAIL COMPLETED AFFIDAVIT TO:**  
**DEPARTMENT OF ELECTIONS ★ PO BOX 457, GEORGETOWN, DE 19947**